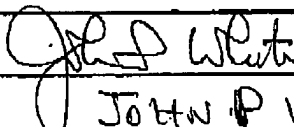


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Sample Form (08-04)

## AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

| In re Application of: TAMIR BEN-DAVID  |   |      |                     |                     |        |
|--|---|------|---------------------|---------------------|--------|
| Application No. 101719,65A   |   |      |                     |                     |        |
| Filed: 11/20/2003  |   |      |                     |                     |        |
| Title: SELECTIVE NERVE FIBER STIMULATION<br>FOR TREATING HEART CONDITIONS  |   |      |                     |                     |        |
| Attorney Docket No. 78624/SPW/BR   | Art Unit: 3766  |      |                     |                     |        |
| <p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"><thead><tr><th>Name</th><th>Registration Number</th></tr></thead><tbody><tr><td>DANIEL M. GOLDSTEIN</td><td>44,127</td></tr></tbody></table>  |   | Name | Registration Number | DANIEL M. GOLDSTEIN | 44,127 |
| Name   | Registration Number   |      |                     |                     |        |
| DANIEL M. GOLDSTEIN  | 44,127  |      |                     |                     |        |
| <p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p> |   |      |                     |                     |        |
| SIGNATURE of Practitioner of Record  |   |      |                     |                     |        |
| Signature  |  Date 8/6/09 |      |                     |                     |        |
| Name   | JOHN P WHITE Registration No., if applicable 28,678   |      |                     |                     |        |
| Telephone  | 212-278-0421  |      |                     |                     |        |

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.